

SENATE BILL NO. 910

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN (26).

3540S.01H

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 195.070, 334.104, and 335.019, RSMo, and to enact in lieu thereof five new sections relating to certified registered nurse anesthetists.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 195.070, 334.104, and 335.019, RSMo,
2 are repealed and five new sections enacted in lieu thereof, to
3 be known as sections 195.070, 334.104, 335.019, 335.038, and
4 335.039, to read as follows:

195.070. 1. A physician, podiatrist, dentist, a
2 registered optometrist certified to administer
3 pharmaceutical agents as provided in section 336.220, or an
4 assistant physician in accordance with section 334.037 or a
5 physician assistant in accordance with section 334.747 in
6 good faith and in the course of his or her professional
7 practice only, may prescribe, administer, and dispense
8 controlled substances or he or she may cause the same to be
9 administered or dispensed by an individual as authorized by
10 statute.

11 2. An advanced practice registered nurse, as defined
12 in section 335.016, but not a certified registered nurse
13 anesthetist as defined in subdivision (8) of section
14 335.016, who holds a certificate of controlled substance
15 prescriptive authority from the board of nursing under
16 section 335.019 and who is delegated the authority to
17 prescribe controlled substances under a collaborative

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 practice arrangement under section 334.104 may prescribe any
19 controlled substances listed in Schedules III, IV, and V of
20 section 195.017, and may have restricted authority in
21 Schedule II. Prescriptions for Schedule II medications
22 prescribed by an advanced practice registered nurse who has
23 a certificate of controlled substance prescriptive authority
24 are restricted to only those medications containing
25 hydrocodone and Schedule II controlled substances for
26 hospice patients pursuant to the provisions of section
27 334.104. However, no such certified advanced practice
28 registered nurse shall prescribe controlled substance for
29 his or her own self or family. Schedule III narcotic
30 controlled substance and Schedule II - hydrocodone
31 prescriptions shall be limited to a one hundred twenty-hour
32 supply without refill.

33 **3. A certified registered nurse anesthetist, as**
34 **defined in section 335.016, may select, issue orders for,**
35 **and administer controlled substances listed in Schedules II,**
36 **III, IV, and V of section 195.017 for and during the course**
37 **of providing anesthesia care to a patient for a surgical,**
38 **obstetrical, therapeutic, or diagnostic procedure or**
39 **treatment in accordance with subsection 3 of section 335.019**
40 **and section 335.038; provided that the provisions of this**
41 **subsection shall not be construed as authorizing a certified**
42 **registered nurse anesthetist to prescribe such controlled**
43 **substances. Notwithstanding any other provision of law to**
44 **the contrary, a certified registered nurse anesthetist shall**
45 **not be required to:**

46 **(1) Enter into a collaborative practice arrangement**
47 **pursuant to section 334.104;**

48 **(2) Provide anesthesia services under the supervision**
49 **of a physician, dentist, or podiatrist; or**

50 **(3) Obtain a certificate of controlled substance**
51 **prescriptive authority from the board of nursing as provided**
52 **in section 335.019**

53 **in order to exercise the authority provided in this**
54 **subsection.**

55 **4.** A veterinarian, in good faith and in the course of
56 the veterinarian's professional practice only, and not for
57 use by a human being, may prescribe, administer, and
58 dispense controlled substances and the veterinarian may
59 cause them to be administered by an assistant or orderly
60 under his or her direction and supervision.

61 **[4.] 5.** A practitioner shall not accept any portion of
62 a controlled substance unused by a patient, for any reason,
63 if such practitioner did not originally dispense the drug,
64 except:

65 (1) When the controlled substance is delivered to the
66 practitioner to administer to the patient for whom the
67 medication is prescribed as authorized by federal law.
68 Practitioners shall maintain records and secure the
69 medication as required by this chapter and regulations
70 promulgated pursuant to this chapter; or

71 (2) As provided in section 195.265.

72 **[5.] 6.** An individual practitioner shall not prescribe
73 or dispense a controlled substance for such practitioner's
74 personal use except in a medical emergency.

334.104. 1. A physician may enter into collaborative
2 practice arrangements with registered professional nurses.
3 Collaborative practice arrangements shall be in the form of
4 written agreements, jointly agreed-upon protocols, or
5 standing orders for the delivery of health care services.
6 Collaborative practice arrangements, which shall be in

7 writing, may delegate to a registered professional nurse the
8 authority to administer or dispense drugs and provide
9 treatment as long as the delivery of such health care
10 services is within the scope of practice of the registered
11 professional nurse and is consistent with that nurse's
12 skill, training and competence.

13 2. (1) Collaborative practice arrangements, which
14 shall be in writing, may delegate to a registered
15 professional nurse the authority to administer, dispense or
16 prescribe drugs and provide treatment if the registered
17 professional nurse is an advanced practice registered nurse
18 as defined in subdivision (2) of section 335.016.
19 Collaborative practice arrangements may delegate to an
20 advanced practice registered nurse, as defined in section
21 335.016, the authority to administer, dispense, or prescribe
22 controlled substances listed in Schedules III, IV, and V of
23 section 195.017, and Schedule II - hydrocodone; except that,
24 the collaborative practice arrangement shall not delegate
25 the authority to **[administer] prescribe** any controlled
26 substances listed in Schedules III, IV, and V of section
27 195.017, or Schedule II - hydrocodone for the purpose of
28 inducing sedation or general anesthesia for therapeutic,
29 diagnostic, or surgical procedures. Schedule III narcotic
30 controlled substance and Schedule II - hydrocodone
31 prescriptions shall be limited to a one hundred twenty-hour
32 supply without refill.

33 (2) Notwithstanding any other provision of this
34 section to the contrary, a collaborative practice
35 arrangement may delegate to an advanced practice registered
36 nurse the authority to administer, dispense, or prescribe
37 Schedule II controlled substances for hospice patients;
38 provided, that the advanced practice registered nurse is

39 employed by a hospice provider certified pursuant to chapter
40 197 and the advanced practice registered nurse is providing
41 care to hospice patients pursuant to a collaborative
42 practice arrangement that designates the certified hospice
43 as a location where the advanced practice registered nurse
44 is authorized to practice and prescribe.

45 (3) Such collaborative practice arrangements shall be
46 in the form of written agreements, jointly agreed-upon
47 protocols or standing orders for the delivery of health care
48 services.

49 (4) An advanced practice registered nurse may
50 prescribe buprenorphine for up to a thirty-day supply
51 without refill for patients receiving medication-assisted
52 treatment for substance use disorders under the direction of
53 the collaborating physician.

54 3. The written collaborative practice arrangement
55 shall contain at least the following provisions:

56 (1) Complete names, home and business addresses, zip
57 codes, and telephone numbers of the collaborating physician
58 and the advanced practice registered nurse;

59 (2) A list of all other offices or locations besides
60 those listed in subdivision (1) of this subsection where the
61 collaborating physician authorized the advanced practice
62 registered nurse to prescribe;

63 (3) A requirement that there shall be posted at every
64 office where the advanced practice registered nurse is
65 authorized to prescribe, in collaboration with a physician,
66 a prominently displayed disclosure statement informing
67 patients that they may be seen by an advanced practice
68 registered nurse and have the right to see the collaborating
69 physician;

70 (4) All specialty or board certifications of the
71 collaborating physician and all certifications of the
72 advanced practice registered nurse;

73 (5) The manner of collaboration between the
74 collaborating physician and the advanced practice registered
75 nurse, including how the collaborating physician and the
76 advanced practice registered nurse will:

77 (a) Engage in collaborative practice consistent with
78 each professional's skill, training, education, and
79 competence;

80 (b) Maintain geographic proximity, except as specified
81 in this paragraph. The following provisions shall apply
82 with respect to this requirement:

83 a. Until August 28, 2025, an advanced practice
84 registered nurse providing services in a correctional
85 center, as defined in section 217.010, and his or her
86 collaborating physician shall satisfy the geographic
87 proximity requirement if they practice within two hundred
88 miles by road of one another. An incarcerated patient who
89 requests or requires a physician consultation shall be
90 treated by a physician as soon as appropriate;

91 b. The collaborative practice arrangement may allow
92 for geographic proximity to be waived for a maximum of
93 twenty-eight days per calendar year for rural health clinics
94 as defined by Pub.L. 95-210 (42 U.S.C. Section 1395x, as
95 amended), as long as the collaborative practice arrangement
96 includes alternative plans as required in paragraph (c) of
97 this subdivision. This exception to geographic proximity
98 shall apply only to independent rural health clinics,
99 provider-based rural health clinics where the provider is a
100 critical access hospital as provided in 42 U.S.C. Section
101 1395i-4, and provider-based rural health clinics where the

102 main location of the hospital sponsor is greater than fifty
103 miles from the clinic;

104 c. The collaborative practice arrangement may allow
105 for geographic proximity to be waived when the arrangement
106 outlines the use of telehealth, as defined in section
107 191.1145;

108 d. In addition to the waivers and exemptions provided
109 in this subsection, an application for a waiver for any
110 other reason of any applicable geographic proximity shall be
111 available if a physician is collaborating with an advanced
112 practice registered nurse in excess of any geographic
113 proximity limit. The board of nursing and the state board
114 of registration for the healing arts shall review each
115 application for a waiver of geographic proximity and approve
116 the application if the boards determine that adequate
117 supervision exists between the collaborating physician and
118 the advanced practice registered nurse. The boards shall
119 have forty-five calendar days to review the completed
120 application for the waiver of geographic proximity. If no
121 action is taken by the boards within forty-five days after
122 the submission of the application for a waiver, then the
123 application shall be deemed approved. If the application is
124 denied by the boards, the provisions of section 536.063 for
125 contested cases shall apply and govern proceedings for
126 appellate purposes; and

127 e. The collaborating physician is required to maintain
128 documentation related to this requirement and to present it
129 to the state board of registration for the healing arts when
130 requested; and

131 (c) Provide coverage during absence, incapacity,
132 infirmity, or emergency by the collaborating physician;

133 (6) A description of the advanced practice registered
134 nurse's controlled substance prescriptive authority in
135 collaboration with the physician, including a list of the
136 controlled substances the physician authorizes the nurse to
137 prescribe and documentation that it is consistent with each
138 professional's education, knowledge, skill, and competence;

139 (7) A list of all other written practice agreements of
140 the collaborating physician and the advanced practice
141 registered nurse;

142 (8) The duration of the written practice agreement
143 between the collaborating physician and the advanced
144 practice registered nurse;

145 (9) A description of the time and manner of the
146 collaborating physician's review of the advanced practice
147 registered nurse's delivery of health care services. The
148 description shall include provisions that the advanced
149 practice registered nurse shall submit a minimum of ten
150 percent of the charts documenting the advanced practice
151 registered nurse's delivery of health care services to the
152 collaborating physician for review by the collaborating
153 physician, or any other physician designated in the
154 collaborative practice arrangement, every fourteen days;

155 (10) The collaborating physician, or any other
156 physician designated in the collaborative practice
157 arrangement, shall review every fourteen days a minimum of
158 twenty percent of the charts in which the advanced practice
159 registered nurse prescribes controlled substances. The
160 charts reviewed under this subdivision may be counted in the
161 number of charts required to be reviewed under subdivision
162 (9) of this subsection; and

163 (11) If a collaborative practice arrangement is used
164 in clinical situations where a collaborating advanced

165 practice registered nurse provides health care services that
166 include the diagnosis and initiation of treatment for
167 acutely or chronically ill or injured persons, then the
168 collaborating physician or any other physician designated in
169 the collaborative practice arrangement shall be present for
170 sufficient periods of time, at least once every two weeks,
171 except in extraordinary circumstances that shall be
172 documented, to participate in a chart review and to provide
173 necessary medical direction, medical services,
174 consultations, and supervision of the health care staff.

175 4. The state board of registration for the healing
176 arts pursuant to section 334.125 and the board of nursing
177 pursuant to section 335.036 may jointly promulgate rules
178 regulating the use of collaborative practice arrangements.
179 Such rules shall be limited to the methods of treatment that
180 may be covered by collaborative practice arrangements and
181 the requirements for review of services provided pursuant to
182 collaborative practice arrangements including delegating
183 authority to prescribe controlled substances. Any rules
184 relating to geographic proximity shall allow a collaborating
185 physician and a collaborating advanced practice registered
186 nurse to practice within two hundred miles by road of one
187 another until August 28, 2025, if the nurse is providing
188 services in a correctional center, as defined in section
189 217.010. Any rules relating to dispensing or distribution
190 of medications or devices by prescription or prescription
191 drug orders under this section shall be subject to the
192 approval of the state board of pharmacy. Any rules relating
193 to dispensing or distribution of controlled substances by
194 prescription or prescription drug orders under this section
195 shall be subject to the approval of the department of health
196 and senior services and the state board of pharmacy. In

197 order to take effect, such rules shall be approved by a
198 majority vote of a quorum of each board. Neither the state
199 board of registration for the healing arts nor the board of
200 nursing may separately promulgate rules relating to
201 collaborative practice arrangements. Such jointly
202 promulgated rules shall be consistent with guidelines for
203 federally funded clinics. The rulemaking authority granted
204 in this subsection shall not extend to collaborative
205 practice arrangements of hospital employees providing
206 inpatient care within hospitals as defined pursuant to
207 chapter 197 or population-based public health services as
208 defined by 20 CSR 2150-5.100 as of April 30, 2008.

209 5. The state board of registration for the healing
210 arts shall not deny, revoke, suspend or otherwise take
211 disciplinary action against a physician for health care
212 services delegated to a registered professional nurse
213 provided the provisions of this section and the rules
214 promulgated thereunder are satisfied. Upon the written
215 request of a physician subject to a disciplinary action
216 imposed as a result of an agreement between a physician and
217 a registered professional nurse or registered physician
218 assistant, whether written or not, prior to August 28, 1993,
219 all records of such disciplinary licensure action and all
220 records pertaining to the filing, investigation or review of
221 an alleged violation of this chapter incurred as a result of
222 such an agreement shall be removed from the records of the
223 state board of registration for the healing arts and the
224 division of professional registration and shall not be
225 disclosed to any public or private entity seeking such
226 information from the board or the division. The state board
227 of registration for the healing arts shall take action to
228 correct reports of alleged violations and disciplinary

229 actions as described in this section which have been
230 submitted to the National Practitioner Data Bank. In
231 subsequent applications or representations relating to his
232 or her medical practice, a physician completing forms or
233 documents shall not be required to report any actions of the
234 state board of registration for the healing arts for which
235 the records are subject to removal under this section.

236 6. Within thirty days of any change and on each
237 renewal, the state board of registration for the healing
238 arts shall require every physician to identify whether the
239 physician is engaged in any collaborative practice
240 arrangement, including collaborative practice arrangements
241 delegating the authority to prescribe controlled substances,
242 or physician assistant collaborative practice arrangement
243 and also report to the board the name of each licensed
244 professional with whom the physician has entered into such
245 arrangement. The board shall make this information
246 available to the public. The board shall track the reported
247 information and may routinely conduct random reviews of such
248 arrangements to ensure that arrangements are carried out for
249 compliance under this chapter.

250 7. ~~Notwithstanding any law to the contrary,~~ (1) A
251 certified registered nurse anesthetist, as defined in
252 subdivision (8) of section 335.016, **may, but** shall ~~be~~
253 ~~permitted to provide anesthesia services without a~~
254 ~~collaborative practice arrangement provided that he or she~~
255 ~~is under the supervision of an anesthesiologist or other~~
256 ~~physician, dentist, or podiatrist who is immediately~~
257 ~~available if needed] **not be required to:**~~

258 (a) **Enter into a collaborative practice arrangement**
259 **for the provision of anesthesia care to a patient for a**
260 **surgical, obstetrical, therapeutic, or diagnostic procedure**

261 or treatment in accordance with subsection 3 of section
262 335.019 and section 335.038;

263 (b) Practice under the supervision of a physician,
264 dentist, or podiatrist for the provision of anesthesia care
265 to a patient for a surgical, obstetrical, therapeutic, or
266 diagnostic procedure or treatment in accordance with
267 subsection 3 of section 335.019 and section 335.038; or

268 (c) Obtain a certificate of controlled substance
269 prescriptive authority from the board of nursing pursuant to
270 section 335.019 for selecting, ordering, and administering
271 the appropriate controlled substances, drugs, or anesthetic
272 agents for providing anesthesia care.

273 (2) Nothing in this subsection shall be construed to
274 prohibit or prevent a certified registered nurse anesthetist
275 as defined in subdivision (8) of section 335.016 from
276 entering into a collaborative practice arrangement under
277 this section, except that the collaborative practice
278 arrangement may not delegate the authority to prescribe any
279 controlled substances listed in Schedules III, IV, and V of
280 section 195.017, or Schedule II - hydrocodone.

281 8. A collaborating physician shall not enter into a
282 collaborative practice arrangement with more than six full-
283 time equivalent advanced practice registered nurses, full-
284 time equivalent licensed physician assistants, or full-time
285 equivalent assistant physicians, or any combination
286 thereof. This limitation shall not apply to collaborative
287 arrangements of hospital employees providing inpatient care
288 service in hospitals as defined in chapter 197 or population-
289 based public health services as defined by 20 CSR 2150-5.100
290 as of April 30, 2008, or to a certified registered nurse
291 anesthetist providing anesthesia services under the
292 supervision of an anesthesiologist or other physician,

293 dentist, or podiatrist who is immediately available if
294 needed as set out in subsection 7 of this section.

295 9. It is the responsibility of the collaborating
296 physician to determine and document the completion of at
297 least a one-month period of time during which the advanced
298 practice registered nurse shall practice with the
299 collaborating physician continuously present before
300 practicing in a setting where the collaborating physician is
301 not continuously present. This limitation shall not apply
302 to collaborative arrangements of providers of population-
303 based public health services, as defined by 20 CSR 2150-
304 5.100 as of April 30, 2008, or to collaborative practice
305 arrangements between a primary care physician and a primary
306 care advanced practice registered nurse or a behavioral
307 health physician and a behavioral health advanced practice
308 registered nurse, where the collaborating physician is new
309 to a patient population to which the advanced practice
310 registered nurse is familiar.

311 10. No agreement made under this section shall
312 supersede current hospital licensing regulations governing
313 hospital medication orders under protocols or standing
314 orders for the purpose of delivering inpatient or emergency
315 care within a hospital as defined in section 197.020 if such
316 protocols or standing orders have been approved by the
317 hospital's medical staff and pharmaceutical therapeutics
318 committee.

319 11. No contract or other term of employment shall
320 require a physician to act as a collaborating physician for
321 an advanced practice registered nurse against the
322 physician's will. A physician shall have the right to
323 refuse to act as a collaborating physician, without penalty,
324 for a particular advanced practice registered nurse. No

325 contract or other agreement shall limit the collaborating
326 physician's ultimate authority over any protocols or
327 standing orders or in the delegation of the physician's
328 authority to any advanced practice registered nurse, but
329 this requirement shall not authorize a physician in
330 implementing such protocols, standing orders, or delegation
331 to violate applicable standards for safe medical practice
332 established by hospital's medical staff.

333 12. No contract or other term of employment shall
334 require any advanced practice registered nurse to serve as a
335 collaborating advanced practice registered nurse for any
336 collaborating physician against the advanced practice
337 registered nurse's will. An advanced practice registered
338 nurse shall have the right to refuse to collaborate, without
339 penalty, with a particular physician.

335.019. 1. An advanced practice registered nurse's
2 prescriptive authority shall include authority to:

3 (1) Prescribe, dispense, and administer medications
4 and nonscheduled legend drugs, as defined in section
5 338.330, within such APRN's practice and specialty; and

6 (2) Notwithstanding any other provision of this
7 chapter to the contrary, receive, prescribe, administer, and
8 provide nonscheduled legend drug samples from pharmaceutical
9 manufacturers to patients at no charge to the patient or any
10 other party.

11 2. The board of nursing may grant a certificate of
12 controlled substance prescriptive authority to an advanced
13 practice registered nurse who:

14 (1) Submits proof of successful completion of an
15 advanced pharmacology course that shall include preceptorial
16 experience in the prescription of drugs, medicines, and
17 therapeutic devices; and

18 (2) Provides documentation of a minimum of three
19 hundred clock hours preceptorial experience in the
20 prescription of drugs, medicines, and therapeutic devices
21 with a qualified preceptor; and

22 (3) Provides evidence of a minimum of one thousand
23 hours of practice in an advanced practice nursing category
24 prior to application for a certificate of prescriptive
25 authority. The one thousand hours shall not include
26 clinical hours obtained in the advanced practice nursing
27 education program. The one thousand hours of practice in an
28 advanced practice nursing category may include transmitting
29 a prescription order orally or telephonically or to an
30 inpatient medical record from protocols developed in
31 collaboration with and signed by a licensed physician; and

32 (4) Has a controlled substance prescribing authority
33 delegated in the collaborative practice arrangement under
34 section 334.104 with a physician who has an unrestricted
35 federal Drug Enforcement Administration registration number
36 and who is actively engaged in a practice comparable in
37 scope, specialty, or expertise to that of the advanced
38 practice registered nurse.

39 **3. Notwithstanding any other provision of law to the**
40 **contrary, a certified registered nurse anesthetist may**
41 **select, issue orders for, and administer controlled**
42 **substances listed in Schedules II, III, IV, and V of section**
43 **195.017 or other drugs or anesthetic agents for and during**
44 **the course of providing anesthesia care to a patient for a**
45 **surgical, obstetrical, therapeutic, or diagnostic procedure**
46 **or treatment. A certified registered nurse anesthetist**
47 **shall not be required to obtain a certificate of controlled**
48 **substance prescriptive authority from the board of nursing**
49 **for the provision of anesthesia care.**

335.038. 1. A certified registered nurse anesthetist shall be authorized to provide anesthesia care for a surgical, obstetrical, therapeutic, or diagnostic procedure or treatment pursuant to this section including, but not limited to, the authority to do the following during the provision of such services:

(1) Provide pre-anesthesia and post-anesthesia care assessment;

(2) Develop a plan of anesthesia care for the procedure or treatment;

(3) Initiate and perform patient-specific anesthesia care in accordance with the plan of anesthesia care for the procedure or treatment;

(4) Cooperate with the physician, dentist, or podiatrist for the provisions of patient care;

(5) Order necessary tests and interpret diagnostic procedures in the period anesthesia care is provided for the procedure or treatment based on patient assessment and response to interventions;

(6) Select, issue orders for, and administer controlled substances listed in Schedules II, III, IV, and V of section 195.017, in accordance with the provisions of subsection 3 of section 195.070, or other medications or anesthetic agents during the period anesthesia care is provided for the procedure or treatment based on patient assessment and response to interventions or cause such controlled substances, medications, or anesthetic agents to be administered or dispensed during the period anesthesia care is provided for the procedure or treatment by a registered professional nurse or licensed practical nurse as long as the services provided are within the scope of practice of the registered professional nurse or licensed

33 practical nurse and consistent with that nurse's skill,
34 training, and competence.

35 2. In providing anesthesia care for a surgical,
36 obstetrical, therapeutic, or diagnostic procedure or
37 treatment, nothing in this section shall be construed to
38 exempt a certified registered nurse anesthetist from
39 complying with a health care facility's policies, protocols,
40 standing orders, or staff bylaws for the provision of
41 anesthesia care.

42 3. Nothing in this section shall be construed as a
43 designation of the entirety of a certified registered nurse
44 anesthetist's scope of practice nor as any limitation on the
45 authority of a certified registered nurse anesthetist to
46 function and clinically perform all such health care
47 services that are within the scope of practice and standards
48 of the certified registered nurse anesthetist role and
49 consistent with the certified registered nurse anesthetist's
50 licensure, education, training, knowledge, skill, and
51 competence as a certified registered nurse anesthetist.

335.039. 1. For purposes of this section, the
2 following terms mean:

3 (1) "Chronic pain management", the practice of
4 performing invasive techniques devoted to the diagnosis and
5 treatment of pain syndromes, often involving the use of
6 medical imaging. When used in reference to certified
7 registered nurse anesthetists, the term "chronic pain
8 management" means those chronic pain management techniques
9 that are within the scope of practice of certified
10 registered nurse anesthetists and are consistent with the
11 skill, training, and competence of the certified registered
12 nurse anesthetist who is to perform the technique;

13 (2) "Infusion therapy", the intravenous,
14 musculocutaneous, subcutaneous, or dermal administration of
15 medication or other therapeutic substances, such as
16 vitamins, minerals, antioxidants, and fluids, to a patient.

17 2. A certified registered nurse anesthetist may
18 provide infusion therapy and chronic pain management
19 treatment in accordance with subsection 3 of section 335.019
20 and section 335.038 if the certified registered nurse
21 anesthetist:

22 (1) Enters into a collaborative practice arrangement
23 pursuant to section 334.104 for the delivery of infusion
24 therapy or chronic pain management treatment with a
25 physician; or

26 (2) Provides infusion therapy and chronic pain
27 management treatment under the supervision of a physician.

28 3. Nothing in this section shall be construed to
29 prohibit or restrict the provision of anesthesia care by a
30 certified registered nurse anesthetist for a surgical,
31 obstetrical, therapeutic, or diagnostic procedure or
32 treatment, or for the treatment of pain related to such
33 procedure or treatment, except with respect to infusion
34 therapy and chronic pain management treatment in accordance
35 with subsection 3 of section 335.019 and section 335.038.

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